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FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Guinea

SUMMARY

The Executive Director presents the country programme strategy note for Guinea for a programme of cooperation for the period 1997-2001.

Despite some improvements, the situation of children and women remains critical because of high mortality rates linked to infection and malnutrition. Difficulty in gaining access to safe drinking water and sanitation services contributes to a high incidence of diarrhoeal diseases and intestinal infestations. Although school enrolment rates are rising, they remain low, particularly among girls.

On the basis of the situation evaluation and lessons learned from the previous programme, the proposed programme of cooperation will help to achieve the national objectives identified in the national programme of action for children, in the broader context of the national human development programme. The strategy will focus on support for service delivery, national capacity-building, advocacy and community empowerment, in varying combinations, in accordance with the specific requirements of the following programmes: health and nutrition; water supply and sanitation; basic education for all; communications and advocacy; human development support; and programme support.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

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THE SITUATION OF CHILDREN AND WOMEN

1. Although the data suggest that there has been a decline in the under-five mortality rate (U5MR), which fell from 308 per 1,000 live births in 1985 to 329 per 1,000 in 1993, mortality rates in Guinea are still cause for concern. The main causes of child morbidity and mortality continue to be malaria, diarrhoeal diseases and acute respiratory infections (ARI). These diseases are caused by poor environmental health, poor management of the water supply and sanitation system, and individual and family practices and habits which are often harmful to health. Since health centre coverage rates are good, these high mortality rates indicate that services are being underutilized. For example, only 38 per cent of women attend prenatal clinics and only 12 per cent of deliveries are assisted at health centres. The weakness of the referral system and infrequent monitoring of pregnancies and deliveries by village midwives have also contributed to extremely high maternal mortality rates (MMR). Children between the ages of 5 and 15 often suffer from intestinal infestations, while those under 5 suffer from protein-energy deficiency (32 per cent) and low birth weight (estimated at 18 per cent). In addition, Guinea has the highest incidence in the subregion of illnesses caused by iodine deficiency and endemic goitre, which affects 64 per cent of the population. In the late 1980s, Guinea was still considered to fall within one of the zones of Africa having a low prevalence of human immunodeficiency virus (HIV) infection; however, it is likely that HIV infection has become much more widespread, although accurate data are not available.

2. Illiteracy rates are among the highest in the world: 72 per cent in 1993 (61 per cent for men and 82 per cent for women). Since 1990, the Government has been carrying out a reform of the basic education sector. This has resulted in significant progress, with net enrolment rates rising from 32 per cent at the beginning of 1990 to 45 per cent in 1995. Enrolment rates remain low, however, and there are large disparities between girls (29 per cent) and boys (61 per cent) and between regions (e.g. 70 per cent in Conakry as compared with 35 per cent in Labé). The number of repeaters is also very high. This is due as much to a lack of infrastructure, equipment, teaching materials and textbooks as it is to the lack of human resources. In addition, socio-cultural factors (the perceived role of women, early marriage), socio-economic factors (immediate and opportunity costs) and socio-educational factors (the perceived purpose of education) contribute to the low enrolment rate among girls.

3. High population growth rates (2.4 per cent a year) pose another challenge to the country's development. Population growth is particularly high in urban areas (6 per cent a year in Conakry), where poverty is most acute. Population pressure has led to chaotic development of urban areas, resulting in overcrowding, unhealthy living conditions, environmental deterioration, a high incidence of disease, particularly diarrhoeal diseases, and poor service coverage and quality. Low levels of urban employment have contributed to the impoverishment of the population. One direct result has been a weakening of family ties and the emergence of the phenomenon of children in difficult circumstances. The growing influx of refugees fleeing civil war in neighbouring countries (600,000 in 1995) has exerted economic pressure which has heightened the impact of the constraints listed above.

LESSONS LEARNED FROM PAST COOPERATION

4. In general terms, the strategies employed in recent cooperation efforts, such as expanding basic services and focusing on the identification of sectoral policies and community participation, have proved to be appropriate and effective, yielding positive results. The Bamako Initiative has become the cornerstone of primary health care. This strategy has acted as a catalyst because of its emphasis on co-management and co-financing, and has led to the revitalization of 308 out of a total of 350 health centres. It has also helped to raise health-care coverage rates from 55 per cent of the population in 1991 to 84 per cent in 1994, and has increased rates of protection against the target diseases of the Expanded Programme on Immunization (EPI) from 17 per cent in 1990 to 55 per cent in 1994. By developing and testing a non-formal education strategy for girls, using "second chance" enrolment centres (known as Nafa centres) the programme has succeeded in getting the Government and several partners involved in the education of girls. This approach, which has become an integral part of the country's basic education policy, is an effective complement to the formal system for universal basic education. The programme of cooperation has also facilitated national capacity-building in water points management and quality control and in incorporating environmental concerns, particularly in the basic education programme.

5. The mid-term review pointed out a number of useful lessons for the future: (a) the need for continued support for the development of sectoral policies, especially in the areas of water supply and sanitation, in order to build on the progress made in supplying safe drinking water, and of early childhood education; (b) the need to consolidate service delivery in the areas of basic health care, safe water and basic education, by extending coverage to populations not yet served; (c) continuing and strengthening the process of community empowerment; (d) national capacity-building, particularly in the field of social planning; and (e) continued advocacy for a greater financial contribution to priority social programmes from both the national Government and local communities. The intermediate programme (1995-1996) allowed the programming cycle to be adjusted to accommodate the need to pursue mid-decade objectives and to allow UNICEF to work alongside the Government, in collaboration with other United Nations agencies, to prepare a human development programme which takes the national programme of action for children as its basic reference point.

PROPOSED COUNTRY PROGRAMME STRATEGY

6. The national programme of action formulated by the Government in 1991 sets the following objectives: (a) to reduce U5MR from 229 to 90 per 1,000 live births; (b) to reduce infant mortality rate IMR from 136 to 75 per 1,000 live births; (c) to reduce MMR from 666 to 450 per 100,000 live births; and (d) to guarantee universal access to basic education and ensure that at least 80 per cent of children aged 6 to 12 years complete their primary education. The proposed country programme will pursue the stated objectives through six programmes (three sectoral programmes and three cross-sectoral programmes).

7. The health and nutrition programme comprises three projects through which it will pursue the following objectives: (a) to expand the network of curative and preventive medicine to include 400 new health stations; (b) for children under one year of age, to achieve and maintain coverage rates of 95 per cent for the combined diphtheria/pertussis/tetanus vaccine and 90 per cent for the measles vaccine; (c) to bring diarrhoea under control; (d) to raise the assisted delivery rate to 90 per cent; (e) to ensure that 80 per cent of families use oral rehydration therapy in health centres and at home; (f) to ensure that 20 per cent of families use impregnated mosquito nets; (g) to set up a community-based information system, using nutrition as a starting-point, in 500 villages and 20 urban districts; (h) to ensure that all salt produced by small producers is iodized; (i) to distribute vitamin A supplements to 90 per cent of children aged between 6 and 24 months and to nursing mothers in areas characterized by vitamin A deficiency; and (j) to give folate supplements to 80 per cent of pregnant women.

8. The basic educat on for all programme is in keeping with the Structural Adjustment Programme for Education II (SAP II), which aims to achieve universal school enrolment and improve the quality of education, and is supported by the World Bank, the Assistance Fund for French Cooperation and the United States Agency for International Development. This cooperation programme will contribute to the objectives of SAP II by pursuing the following specific objectives: (a) to continue to try out the school/environment approach aimed at speeding up improvements in the environment and in the curriculum in seven new primary schools a year, bearing in mind the need to reduce the disparities in school enrolment rates for girls and boys; (b) to extend the "children for children" programme to 60 per cent of public and private primary schools per region per year; (c) to provide education to 3,000 people in 30 Nafa centres and to work to ensure that 80 per cent of those enrolled at the centres complete their education; (d) to increase access to literacy services for youth aged 16 to 25 years by opening 20 centres a year and 100 literacy centres a year; and (e) to extend access to child care services to 3 per cent of young children by opening 10 community centres.

9. The water supply and sanitation programme consists of two projects intended to: (a) supply safe drinking water, in collaboration with other partners, to 52 per cent of the total population; and (b) promote hygiene and environmental sanitation and provide sanitation systems (refuse pits and latrines for household and public use) in the main towns in 80 sub-prefectures.

10. The communication and advocacy programme comprises two projects which will help to: (a) promote the creation of high-quality essential basic services and their use by communities; (b) promote changes in behaviour at the individual and family levels to ensure that children are properly cared for; and (c) promote the implementation of the Convention on the Rights of the Child.

11. The combined action of the three projects of the human development support programme will enable the following objectives to be achieved: (a) to enhance national proficiency in the collection, analysis and use of social data in order to focus action in these sectors more effectively; (b) to reduce the marginalization of children in difficult circumstances; (c) to organize urban

communities with a view to their empowerment; and (d) to increase access of the most disadvantaged urban populations to high-quality essential basic services.

12. All of these sectoral programmes seek to provide nationwide coverage, with the following provisos: (a) in the health and nutrition programme, nutritional activities will be expanded gradually; (b) the water supply and sanitation programme will target 100 of the country's 341 sub-prefectures and urban districts, with a view to achieving greater synergy with other actions; and (c) the basic education for all programme will focus particular attention on those administrative divisions of the country in which the enrolment rate for girls is lowest.

13. The country programme will be based on the following general strategies: (a) consolidation and expansion of high-quality essential basic services, particularly in the areas of health, nutrition, water supply and sanitation, and education; (b) institutional capacity-building at the community, intermediate and national levels; (c) equipping of families and communities with the technical and management skills needed to run the services proposed to them; (d) advocacy for the adoption of relevant sectoral policies and the mobilization of additional resources for their implementation; (e) reduction of disparities between sexes and regions, paying particular attention to urban settings; (f) enhancement of monitoring and evaluation through community-based information systems, by incorporating an integrated system within programmes and projects; and (g) inclusion in the country programme of an active emergency response component, taking subregional realities into account.

14. The health and nutrition strategy consists principally of: (a) pursuing and consolidating the Bamako Initiative strategy and continuing ongoing activities in health centres, with emphasis on reducing the incidence of disease, including ARI, malaria and diarrhoea, and on improving maternal health and nutrition; (b) enhancing the skills of national managers at all levels so that they can manage health and nutrition activities more effectively and establish them on a permanent basis; and (c) increasing family and community involvement, through the establishment of a community-based information system, in the monitoring, managing and promoting of their own health and nutrition, and in the management of health units.

15. In the water supply and sanitation sector, the strategies will focus on: (a) care and development of existing infrastructures (including water points), latrine construction and the encouragement of new attitudes towards hygiene and sanitation; (b) national capacity-building, particularly for planning in the fields of sanitation and low-cost technologies; (c) involving the private sector (skilled workers and repairers) in order to speed up the expansion and maintenance of infrastructures and to help make them more permanent; and (d) the participation of rural and urban communities, and particularly the participation of water point committees.

16. The basic education for all programme will focus on: (a) building up the skills of national managers by means of training that will help them to better plan and manage a high-quality, fair basic education system that can be both traditional and non-traditional; (b) providing educational services, including giving schools and technical services the logistical support they need to

improve the learning environment; and (c) mobilizing families, communities and decision makers to meet educational needs, particularly those of girls and those of the disadvantaged areas.

17. The strategies of the human development support programme will focus essentially on: (a) capacity-building through support for the establishment of an operational network for the collection, dissemination and use of social data; and (b) the urban component, which will be directed towards social mobilization for community participation.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health and nutrition	2 460	4 000	6 460
Water supply and sanitation	1 810	3 000	4 810
Basic education for all	1 810	3 000	4 810
Communication and advocacy	660	2 000	2 660
Human development support	660	2 000	2 660
Total	7 400	14 000	21 400

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.